## Orange County Home Preservation Coalition Initial Screening



## **Instructions:**

This screening tool requests information about your home repair needs. This information will be shared with the organizations of the Orange County Home Preservation Coalition. These organizations support offering necessary repairs, accessibility modifications, and weatherization assistance to Orange County homeowners. Because of complex eligibility criteria and funding availability across repair organizations, this screening tool helps our organizations identify which one of us is best able to serve you, preventing you from filling out applications for organizations that cannot serve you in the end.

The coalition includes the following organizations: Rebuilding Together of the Triangle, Inc., Central Piedmont Community Action, Inc., Orange County Habitat for Humanity, the Orange County Department on Aging, the Orange County Department of Housing and Community Development, the Marian C. Jackson Center, Triangle J Council of Governments, the Town of Carrboro, the Town of Chapel Hill, OWASA, and other future partners participating in the Coalition.

By signing this form, you are agreeing to submit this screening and associated information to the organizations of the Orange County Home Preservation Coalition so that we can work together to better serve you! If you meet the initial criteria, staff from Rebuilding Together of the Triangle will contact you by telephone to set up a home visit to assess the requested repairs and report back to the coalition.

Date of Application (mm/de	d/yyyy):	Referred I	Ву:		
Applicant Name:			Emai	l:	
	First	Last			
Date of Birth(mm/dd/yy): _		Disability Status (Disabl	ed/Not Disable	ed):	
Gender:	Race/ Ethnicity	:	Phone:		
Address:					
Street		City	State	Zip Code	



Are you the homeowner?

If not, what is your relat	tionship to the owner?		
Has the homeowner ow	rned the home for more tha	an 2 years?	
Can everyone in the hor	me enter and exit in case of	f an emergency?:	
Has anyone in the home	e served in the Armed Ford	ces?	
What is your total annu	al household income (befo	ore taxes)?	
Language Preference (i	f you would like to be cont	acted in a language other tl	nan English):
Yo hablo espa <b>ñ</b> ol			
我讲国语/普通话			
Other (specify)			
Provide information be	low for everyone who lives	in this home besides yourse	elf:
Name	Birthdate	Relationship	Disability Status
Name	Birthdate	Relationship	Disability Status
Name	Birthdate	Relationship	Disability Status
Name	Birthdate	Relationship	Disability Status
Name	Birthdate		Disability Status



Best alternative contact for you	u (caregiver/social worker/case manager):	Serving Homes in Pa
Name:		
First	Last	
Phone:	Email:	
Other Phone:	Agency (if applicable):	
What type of home is it?		
What repairs or modifications	are needed on your home?	

What other concerns do you have about your home or living situation?

## Sign for Releases:

I hereby certify that:



- 1) I own and occupy the home described above as my primary residence.
- 2) The above information is complete and true to the best of my knowledge.
- 3) This information is provided to qualify me for weatherization, energy efficiency, urgent repair, or other related services (program assistance).
- 4) I give permission to the Orange County Department on Aging, Central Piedmont Community Action, Inc., Rebuilding Together of the Triangle, Inc., Orange County Habitat for Humanity, the Orange County Department of Housing and Community Development, the Marian C. Jackson Center, Triangle J Council of Governments, and other future partners to access information to verify the contents of this application and to facilitate the repair and or improvements to my home.
- 5) I understand program grant and or loans may not correct all deficiencies in my home nor make the home conform to any local, state or federal housing quality standards.
- 6) I have been advised that my gender, race, and ethnicity will be determined based upon observation and/or surname if I do not self-disclose the information.
- 7) I understand that filling out this application does not guarantee that my household will receive program assistance.

General Acknowledgment, Consent and Authorization

- 8) I acknowledge that this is an application to the Orange County Department on Aging and that the organization may share this application and its contents with its partners, including Rebuilding Together of the Triangle, Inc., Central Piedmont Community Action, Inc., Orange County Habitat for Humanity, the Orange County Department of Housing and Community Development, the Marian C. Jackson Center, Triangle J Council of Governments, and other future partners for weatherization, energy efficiency, urgent repair and other related services (program assistance). These partners work collectively and are referenced herein as the Orange County Home Preservation Coalition (OCHPC).
- 9) I give consent and authorize the OCHPC to maintain data concerning this application and any services provided to me on a database managed by Triangle J Council of Governments and made accessible to the OCHPC to secure, perform, manage, record and evaluate energy services and program assistance.
- 10) I give consent and authorize Rebuilding Together of the Triangle, Inc. permission to enter my home at an agreed upon time and date in order to conduct a home repair assessment to assist in determining my eligibility for energy services and program assistance.

Signature	Date



For further information or questions about the Orange County Home Preservation Coalition or to send a digital copy of your screening, please email:

ochpc@orangecountync.gov

## PLEASE RETURN THIS SCREENING BY MAIL OR FAX TO:

Rebuilding Together of the Triangle, Inc. 2201 Brentwood Road Suite 109 Raleigh, NC 27604

> Telephone: (919) 341-5980 Fax: (919) 651-0034